

**DISCLOSURE BY APPLICANT OF ANY RELATED ASSISTANCE,
INTERESTED PARTIES, AND SOURCES & USES OF FUNDS**
(MN Guide 12-2001)

Applicant:_____

Project:_____

A. Definition of **Related Assistance** (other government assistance): Any related assistance from the Federal Government, a State, or a unit of general local government, or any Agency or instrumentality thereof. Such related assistance shall include but not be limited to any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance.

Related Assistance (If none, please so state)

	Amount	Source	Use
Loan	\$ _____	_____	_____
Loan	\$ _____	_____	_____
Grant	\$ _____	_____	_____
Grant	\$ _____	_____	_____
Guarantee	\$ _____	_____	_____
Insurance	\$ _____	_____	_____
Payment	\$ _____	_____	_____
Rebate	\$ _____	_____	_____
Subsidy	\$ _____	_____	_____
Credit	\$ _____	_____	_____
Tax Benefit	\$ _____	_____	_____
Other (Please specify)	\$ _____	_____	_____

B. Definition of **Interested Party**: Any person who has a pecuniary interest (financial concern or financial gain) in the project or activities for which the applicant is seeking assistance. Persons with pecuniary interest in the project or activity shall include but not be limited to any developers, contractors, and consultants involved in the application for assistance under this title or the planning, development, or implementation of the project or activity. Residency of an individual in housing for which assistance is being sought shall not, by itself, be considered a pecuniary interest.

Interested Parties (If an entity, please name the principals)

LAND SELLER Name: _____
 Address: _____
 Phone: _____

REAL ESTATE Name: _____
FIRM(s) Address: _____
 Phone: _____

PACKAGER Name: _____
 Address: _____
 Phone: _____

DEVELOPER Name: _____
 Address: _____
 Phone: _____

CONTRACTOR Name: _____
 Address: _____
 Phone: _____

ARCHITECT Name: _____
 Address: _____
 Phone: _____

ENGINEER Name: _____
 Address: _____
 Phone: _____

MANAGEMENT Name: _____
AGENT Address: _____
 Phone: _____

SYNDICATOR Name: _____
 Address: _____
 Phone: _____

OTHER
(Please specify)

Name: _____
Address: _____
Phone: _____

() **Initial Disclosure**

() **Update Disclosure**

Date

By

Title